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Information Post

In this bi-monthly edition our theme is on the HEALTH SECTOR

The Effects of GATS on the Sri Lankan Health Sector

Sri Lanka possesses a health service that is regarded high among the other developing countries mainly for its ability to realise certain positive achievements in basic health indicators, for example in reducing maternal and infant mortality, reducing (EPI) vaccine preventable diseases and checking population growth. Although a well established State sector and largely unregulated private sector operate in Sri Lanka, most of the achievements in the health sector need to be attributed to the State sector, because of its universality and commitment.

The goal of the General Agreement on Trade in Services (GATS) is to remove barriers to trade in services. Under the GATS, governments are required to remove regulations on services which are deemed to be barriers to trade. Thus, the GATS is more than just an economic trade agreement it is explicitly political as it influences how a Government regulates within its borders. The WTO has stated of the GATS "because such a large share of trade in services takes place inside national economies that its requirements will, from the beginning, necessarily influence national laws and regulations." (WTO Secretariat, 1999; *An Introduction to the GATS*, 1.1)

The GATS has two sets of obligations, one general and the other specific. Nation members of the WTO are committed to the full range of general obligations across 160 service sectors including healthcare. Each nation has a schedule of specific commitments to which they commit particular service sectors they are prepared to open up to competition from overseas services providers. Nations will come under increasing pressure to commit more of their service sectors to specific obligations.

The GATS aims to remove barriers to trade in services through "progressive liberalisation". WTO members are committed to progressively liberalise their service sectors. The process involves regular rounds of negotiations where governments progressively negotiate away their regulatory authority.

It was during GATS 2000 talks that the US negotiators brought healthcare into the agenda for 'liberalisation'. They saw the diversity of the commercial opportunities that exist along the entire spectrum of health and social care facilities, which include hospitals, outpatient departments, clinics, nursing homes and even the assisted living arrangements and services provided in homes (for the sick, disabled and elderly). The US Coalition of Service Industries (USCSI) commenting on the opportunities (for the US private health care provides) to follow through this proposal said, "We believe we can make much progress in the GATS negotiations to allow an opportunity for US businesses to expand into foreign healthcare markets. . . Historically, healthcare services in many foreign countries have largely been the responsibility of the public sector. This public ownership of healthcare has made it difficult for US private sector healthcare providers to enter markets in foreign countries".

Modes of Supply

GATS identify four different 'modes of supply' for trade in services. They are:

- 1) Cross border supply where only the service itself crosses the border from one country into another e.g. telemedicine;
- 2) Consumption abroad where individuals travel to another country to make use of services there e.g. patients travelling abroad to make use of health services of another country;
- 3) Commercial presence where a foreign company sets up a

subsidiary or branch within another country e.g. hospitals; and

- 4) Presence of natural persons where individuals travel to another country to provide a service temporarily e.g. doctors, nurses.

Although developing countries officially have the right to choose what sectors to commit to GATS, in practice they often come under immense pressure to meet the demands of more powerful WTO members pressure which the smaller and poorer countries find difficult to resist. On the other hand, once adopted GATS is (almost) irreversible. Once a sector is committed under GATS, punitive rules on the modification of national commitments make it almost impossible for a country to reverse liberalisation. In an extreme situation, if a country wishes to withdraw commitments it has already made, it must offer compensation in the form of other service sectors. This again is only possible three years after the initial commitment is made and needs to be deemed satisfactory to all other WTO members. In the case of compensation, it should be offered to all members (not only the offended country) as there is no 'most favoured' status.

The financing of health systems, too, will face similar challenges from GATS liberalisation. As through liberalisation commitments the foreign investors provided with increased security even if this means exposing vulnerable communities to increased levels of risks, these 'lockin' mechanisms as some critics say is the most dangerous aspect of GATS, since it closes down the possibility of reversing excessive or damaging liberalisation in the future.

As an essential prerequisite to establish a trade in services, there has to be a market in services or in other words, services have to be bought and sold. However in this regard, a fundamental contradiction appears in the thinking of the institutions such as WTO, IMF and the World Bank with that of many developing countries of the world. These countries, which have a tradition to commit themselves to 'social' development as much as for the 'economic' (e.g. Sri Lanka), do not recognise healthcare (along with many other services such as education, water, sanitation and energy) as markets, but as public goods (and in some countries, a human right). While some of these services are provided free by these governments, the others are (heavily) subsidised. The States also take responsibility in providing necessary infrastructure (e.g. hospitals) and in training and employing staff in these sectors. On the other hand, any attempts taken by the governments to disrupt the harmony of these services will be seen as offensive, and will provoke the wrath of the trade unions, civil organisations and the concerned citizens. On the other hand, as some critics point out, health services warrant a special consideration altogether, as the very nature of marketbased model of competition is not suited, because it could threaten its integrity.

The possible direct (adverse) effects of GATS on health is known to span across a wide array of concerns ranging from direct challenges posed to the national health regulations, to increasing inequity, fragmentation of health systems and 'marginalisation' of the public sector. On the other hand, many indirect adversities, too, have been comprehended as a result of liberalisation of other services such as water and insurance that also have a close bearing on health.

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Northwest Medical Teams International - Sri Lanka



Northwest Medical Teams (NWMT) International is a non-profit organisation formed in 1979 in the United States and is totally funded by donors. Our mission is to demonstrate the love of Christ to people affected by disaster, conflict and poverty by providing preventative and curative medical services. Our teams currently work in twentyseven countries where NWMT seek to alleviate human suffering, promote the development of health and medical services, and facilitate the transformation of lives by responding with emergency relief and rehabilitation. We support curative and preventive healthcare programmes, including medical clinics, dental clinics and training, community based health and construction projects. NWMT also provides Emergency Medical Services training to medical instructors and emergency medical technicians in developing countries.



The first Medical Team from NWMT arrived in Sri Lanka on the 28th of December, in response to the tsunami crisis, providing emergency medical relief and rehabilitation. Medical supplies of \$26 million have been distributed to the tsunami victims through the Ministry of Health. We have provided mobile clinics to the IDP camps along the eastern coast and Colombo area by involving thirty teams of doctors and nurses. The paediatric wing of the Kalmunai Base Hospital has been equipped, and voluntary teams have been provided on a rotational basis. We have also sent trauma counselling teams to train local trainers with ESCAPE (a local NGO). In partnership with ADRA we have equipped and carried out a dental project in Pottuvil and provided mobile dental clinics in the Kalmunai area and the Kuchchaveli Hospital. In addition, we have funded LEADS in building two thousand temporary shelters and PCAG in building ten permanent houses in Galle and Ampara Districts.

Currently, NWMT maintains an office in Colombo and has three site offices located in Hikkaduwa, Kalmunai and Kuchchaveli, where current projects are being implemented. One of our current projects is setting up an efficient emergency response service (pre-hospital care) where our objective is to establish and institutionalise a national programme in the

country. As a part of this programme we have already trained the first set of students in the emergency Medical Technician Training Course, based on an internationally accepted curriculum. Northwest Medical Teams are now focusing on the protection of these emergency medical technicians and are presently organising forums to try and establish a national standard for the provision of prehospital care in Sri Lanka. Hikkaduwa emergency ambulance service is now successfully being operated in the area, where the 24-hour service is provided free of charge. This is an example of the work we hope to expand to many other areas of Sri Lanka, hence providing many districts with an efficient ambulance service. Also in these districts, we aim to establish our Community Health Education Project to improve rural family health in the community, educating the public health providers in health issues.

We have renovated and equipped the Central MoH Dispensary Tiriya in the Trincomalee District with funding from CRS, which has benefited people lacking medical facilities in Tiriya area and surrounding villages. We are providing an ambulance transport service in this remote area as well. We will also begin training for the pre-hospital care providers in the Trincomalee District at a volunteer level. We have agreed to provide the medical staff for one year to allow the MoH to find a suitable Doctor to be stationed here.

NWMT has provided equipment for the Lions' Sight First Eye Hospital in Hendala, that now offers cataract surgery and eye care for the people, free of charge. Although this hospital is based in Colombo, we are working out logistics with the Lions' Club to provide care to people from all over the island. In addition, we are now working with the MoH to evaluate and plan the possible upgrade of the Siyambalanduwa District Hospital to a Base Hospital over the period of the next two years.

We hope to reach out to people in need by improving the quality of life by supporting health programmes, both now and in the future in Sri Lanka.



Multi-dimensional Displacement in Sri Lanka

Sri Lanka has a population of 19.043 million, out of which, according to UNHCR figures of 2005, consisted of 27,195 returned IDPs, 2,700 repatriated refugees, 324,699 conflict affected IDPs, 457,576 tsunami affected IDPs, 124,800 Sri Lankan refugees abroad and 290 refugee and asylum seekers in Sri Lanka. Without exaggeration, it can be pointed out that these are alarmingly high numbers. With the present instability in the country, mass displacement of people, especially in the Eastern parts of the country, has occurred several times quoting figures of 40,000 and 35,000 persons displaced in different locations. At this time, it is difficult to gather the true statistics, but suffice to say that if peace negotiations are not reached and the offensives were to continue, the numbers of persons being displaced would reach high proportions within a short space of time.

Displacement has also manifested through direct and indirect forced migration brought about by social inequity and natural causes. On the one hand, the former is less visible and is present in a very sinister manner, as the dispossessed comprise of right-less, faceless entities. On the other hand, those displaced due to natural disasters demand the restoration of much of the same rights of those affected by conflict. The issues of concern faced by both of these categories include:

- Access to assistance: right to request and receive assistance from national authorities/non-state actors;
- Non-discrimination: neutrality and impartiality practised in providing assistance;
- Protection of women and children: access to special health concerns, sensitive cultural practices, safety of children from military recruitment;
- Access of education: in order to minimise the disruption to education;
- Loss of documents/property issues: difficulties in accessing health care, education and compensation. All such documents require replacements as soon as possible;
- Participation: inclusion of IDPs in making decisions that affect their future; and
- Voluntary return and resettlement: consent, adequate assistance to restart their lives.

Unlike in many other South Asian countries, Sri Lanka does not hold persons displaced owing large development projects. Major irrigational development projects in Sri Lanka, such as the *Mahaweli Scheme*, pre-planned resettlements in order to avoid this problem. This can be pointed out as an exemplary condition which needs to be kept that way.

A dimension of displacement is the literal disaster it brings to the lives of a displaced individual. It means that in the life of a displaced person, every waking moment is one of crisis and uncertainty. For some it is a world of darkness, in migrated locations, lacking an identity either within the public sphere or within a host community. The literal darkness brought about by this condition brings about a further set of vulnerability amongst the displaced.

It is compulsory to take into consideration, the aspirations of all of these persons in making decisions, which have an effect on their lives. The basic and fundamental causes need to be revisited at most times in making out blue-prints of resettlement and rebuilding. Poverty induced displacement provides a dichotomous challenge as it demands thinking outside the box in making development decisions that are feasible to both, who are living in developed urban areas and under-developed rural areas. The challenge, if not dealt with, can create vicious social cleavages among people.

In any war situation, the provision and guarantees that are given in upholding Human Rights and Humanitarian Laws become secondary. This would tantamount to the value placed on the right to life and right to death being reduced, thereby the concerns of the people becoming secondary while creation of violence becomes primary. The facts and figures on internal displacement within the national context speak of a siege on human dignity and all rights that an individual is entitled to. Displacement attacks the dignity of the individual and systematically derogates the rights of the individual. The promotion and the protection of the rights of the individual must address this siege. In practical terms, this calls for preventive intervention, intervention in hindsight and the use of humanitarian and human rights work to systematically indict those who lay siege on human rights of entities. The principles and the provisions which are available now should be used by protection agencies in the furtherance of this end.

However, it would not be a comprehensive picture if a departure is made at this point concerning Sri Lanka without mentioning the diligent effort that is being made to grapple with the issues of ending displaced. A committee consisting of representatives from the Ministries of Planning and Implementation, Resettlement, Nation Building and Development and Consortium of Humanitarian Agencies as the representative of the humanitarian sector have formulated *An Act to establish an authority to be called the 'Jathika Saviya' Authority: to vest the authority with the power to formulate a national policy and plan, implement, monitor and coordinate the resettlement of the Internally Displaced Persons and Refugees* and look into other related matters.

The Ending Displacement Act is awaiting completion and at present it is looking into areas such as:

- Forging partnerships with the displaced, in their recovery;
- Recognition of the right to receive representation by IDPs and to take some more action on IDPs;
- Right to access information related to policy/resources/progress of such enterprises by all agencies of the State and others; and
- Restoration of human rights including cultural values of the displaced.

The Act will come into effect at a crucial time such as now and we hope that it will be able to turn the lives of the internally displaced in Sri Lanka, towards a better future. Displacement has been the most visible impact of the conflict and therefore, the end of displacement would undoubtedly be one of the most visible progressions to peace in this country.

(This article has been adopted from the paper titled 'Human Rights and Humanitarian Laws in the Face of Continued Displacement in Sri Lanka' coauthored by Jeevan Thiagarajah and Dinusha Pathiraja, presented in New Delhi on the 21st of August 2006 to mark the release of the Hindi translation of Guiding Principles on Internally Displaced Persons).

Jeevan Thiagarajah and Dinusha Pathiraja
Consortium of Humanitarian Agencies

Child Friendly Spaces

Psychosocial well being of children during emergencies



Children are vulnerable and the most affected during emergencies. It is a time during which they are displaced, traumatised, separated from family and friends, and physically drained. Inevitably, such strain affects the psychological well being of children and for some, the trauma might lead to serious damage. Having to live in

crowded welfare centres with little facilities adds to their woes and exposes them to the risk of abuse and neglect.

Save the Children's experience with children has proven that during such difficult times, children need to be engaged in activities which bring them relief and happiness. Known as 'Child Friendly Space' (CFS), a place within the camp can be created very fast for this purpose. A CFS is where children are provided with material to draw and play as well as space and opportunity to interact with others. Recreational activities are therapeutic as they help children to express and extract from their minds traumatic experiences. It is much easier for them to draw a picture of what they have experienced instead of talking to a Counsellor. Often they draw and casually explain to other children what they have drawn. Gradually the subjects of their drawings become positive. In case the drawings continue to be gloomy and they express fear and sadness, social workers can easily identify their needs and give individual attention to such children. In this exercise, as well as in singing and playing, children also get the opportunity to interact with others and make new friends who are in the same situation. This helps children to feel that they are not alone and gives them a sense of security.



Affiliated to the CFS, temporary Early Childhood Education Centres (ECCs), i.e. pre-schools, can function with the help of pre-school teachers among the displaced. Such opportunities to learn give children a sense of normalcy and a hope for their parents that their future is not all that bleak. During displacement it is important for children that their days are spent as normal as possible. Education and early childhood education activities can bring 'normalcy' to children in an abnormal situation.

Another advantage of a child friendly space is that young people can help social workers in conducting the activities. This prevents them from idling in the camp and they also get a sense of worth as they help younger children to overcome their grief.

Child Friendly Space is for:

- Recreation activities;
- Expressing traumatic (scary) experiences through drawing and storytelling;
- Identifying and protection of children with special psychosocial needs;
- Meeting their needs individually and as a vulnerable group; and
- Protecting and providing relief in a stressful situation.

Coping with a Traumatic Event

When traumatic events happen, they challenge our sense of safety and predictability and this may trigger strong physical and emotional reactions in us. These reactions are normal. Emotional First Aid gives you information on how to help yourself, your family and friends in response to witnessing, hearing or living through traumatic events.

Dos and Don'ts

- Try to get the information about your loved ones ASAP.
- Don't be isolated. Get together with family and friends and support each other. The understanding and support of our loved ones help us cope with tragedy much faster. It is crucial to validate the feelings of fear and helplessness of others even if we are reacting and coping better than them. People have different ways of responding to shocking events. There is no right or wrong reaction.
- Seek professional help if your reaction feels too strong to handle on your own or with your friends. It doesn't mean you are crazy or weak.
- Keep a busy and as structured a schedule as possible.
- Organise and meet in community groups in neighbourhoods
- Do things that keep your mind occupied, such as watching a movie, knitting, gardening, cooking, playing with children or pets or being with nature.
- Write your sensations, feelings and thoughts. It has been shown to help discharge anxiety and regain control.
- Get sufficient rest. The tendency is to run on adrenaline and exhaust Your body.
- Encourage people and yourself not to tell their stories in a repetitive way which ultimately deepens the trauma. Instead support and hear each other about this real tragedy/catastrophe, but with interruptions of the story from beginning to end. Allow yourself to feel the feelings you are feeling even if they are not pretty. Anger, rage and the desire for revenge are very natural responses to man-made traumatic events. Feel your feelings and allow your emotions to be expressed in a rational framework. This will help you to process feelings without overwhelming yourself and help you not get stuck in obsessive thinking.
- Feelings are not actions. Make sure you choose to take productive actions.

Some Grounding Techniques

It is very important to stay "grounded". If you are feeling disoriented, confused, upset and in disbelief, you can do the following exercise:

- Sit on a chair, feel your feet on the ground, press on your thighs, feel your behind on the seat, and your back supported by the chair; look around you and pick six objects that have red or blue. This should allow you to feel in the present, more grounded and in your body. Notice how your breath gets deeper and calmer. You may want to go outdoors and find a peaceful place to sit on the grass. As you do, feel how your bottom can be held and supported by the ground.

Here is an exercise that will allow you to feel your body as a 'container' to hold your feelings.

- Gently pat the different parts of your body with your hand, with a loose wrist. Your body may feel more tingling, more alive, and sharp; you may feel more connected to your feelings.
- Another exercise is to tense your muscles, each group at a time. Hold your shoulders with arms across your chest tighten your grip on them and pat your arms up and down. Do the same with your legs, tighten them and hold them from the outside, patting through their length. Tighten your back, tighten your front, then gently release the tension. This may help you or your loved one feel more balanced.
- Sports, aerobics and weight training help avoid depression and are a channel for aggression.

If you believe in prayer or in some sort of greater power, pray for the rest of the souls of the dead, for the healing of the wounded, for consolation of the grieving. Pray for peace, understanding and wisdom, and for the forces of goodness to prevail. Do not give up faith in the ultimate goodness of being and keep your trust in humanity.

And last, just know that we humans are extremely resilient and have been able to recuperate from the most horrendous tragedies. Furthermore, we have the ability to let ourselves be transformed by our traumas, when we heal them and open ourselves to the possibility.

By Save the Children in Sri Lanka

Compiled by CHA

CHA the First NGO to be in the ACF Office

On the 06th of August, a team of CHA staff undertook a fact finding mission to assess the overall situation by proceeding to Kantale and then gain access to Thoppur and if possible to Muttur, to report to its membership on the ground reality, for effective relief coordination.



ACF Office in Muttur - 06th of August

In Muttur, it was saddening to hear the tragedy that has befallen one of our member organisations. There were unconfirmed reports of ACF staff in Muttur either being killed or missing following the confrontation between the Sri Lanka Army (SLA) and the LTTE. Inquiries were made into the whereabouts of the humanitarian staff from the Security Forces (SF) personnel and civilians. Most of the SF personnel stated that they were unaware of the incident as they had just come in as reinforcements and were involved in consolidating their own positions and taking into account their losses. Civilians too said that they were unaware but directed us to the office.

Whilst proceeding in the vehicle to the ACF office situated in the Muttur Town, a civilian on a motorcycle informed us that all ACF staff had been killed and he could lead us to the office site. On approaching the office, we were aghast at the gruesome sight of bodies and the strong odour that met us. The bodies were all face downwards on the front lawn, seemingly lined up and shot at very close range.

Somehow, it was generally agreed that evidence was a necessity to ensure that all were staff of ACF. The civilian, who accompanied us, confirmed this. Most of the deceased were wearing ACF agency T-shirts. When inquired how he was sure that they were all ACF staff he stated that, the bodies of others in the town had been claimed and funeral rights done and these bodies needed to be claimed by next-of-kin. He said he was aware of a deceased who is a male of Muslim origin, but not from Muttur, and are unable to perform funeral rights without the authority of the family.



Government controlled Muttur Town



An IDP camp near the Muttur Town



One of the two ambulances caught in a cross fire carrying thirty people. one survived



A school hit by a mortar at the Muttur junction

For further information please contact:
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Top 10 Relaxation Tips

You're worried, you can't sleep, work is stressful and you're panicking. If this sounds all too familiar, it's time to kick back and relax - and here's how...
(Article most relevant for pregnant mothers)

- 1) Exercise
- 2) Music
- 3) Laughter
- 4) Sunlight and environment
- 5) Water therapy
- 6) Special meals
- 7) Meditation and positive visualisation
- 8) Do nothing
- 9) Treat yourself
- 10) Take a break

1) Exercise

Gentle exercise such as yoga is brilliant for relaxing the mind while toning the body. Madonna swears by it and she should know! Tensing and then relaxing your outstretched arms and legs is also a great way to exercise safely.

2) Music

We're not talking about heavy metal or punk rock here. The best music to relax to needs to be soothing. Whether classical, jazz or pop, just choose something that helps you to unwind. Special 'new age' relaxation tapes are great for helping your mind to switch off and you can listen to anything from the sound of waves crashing on the shore to birds singing in a rain forest.

3) Laughter

Seeing friends and sharing funny moments is a great mood enhancer. Laughter is one of the body's best ways of relaxing and it's free, so start watching those favourite comedies now!

4) Sunlight and Environment

Fresh air, sunshine and a walk in the park is a great quick fix to relieve feelings of stress. And if you don't feel up for walking, then just sitting in the garden will help. Keeping plants and flowers in your home will not only brighten your environment but also your mood. Also, remember to take your lunch break - and go outside, if only for ten minutes. It's all too easy to just sit at your desk and eat a sandwich, which means you're staying in your work environment which probably won't help you to relax.

5) Water Therapy

Water is one of nature's great healers and even if you're starting to find walking hard work, swimming should be a lot easier as the water will carry your weight for you. It keeps you toned and healthy, without being too strenuous.

If you are feeling exhausted, achy and just plain ratty, a warm bath can do wonders. Adding a few candles around the place to create a relaxed atmosphere will help. While lying in the water, try to relax your body and mind and let the water wash away any worries you may have.

Finally, if you are feeling adventurous and don't mind being enclosed in a small area, try using a floatation tank. You will climb into a tank of water and then lie in complete darkness for at least 30 minutes.

6) Special Meals

Take the time to relax over a delicious meal (preferably cooked by someone else). It's all too easy to eat on the go. Try to make sure that you have at least one nutritious, relaxed meal a day if at all possible. This is a great time to catch up with your partner and feel like a real person again. Also, if you can afford it, the occasional meal out with friends, family or just your partner, will help - the pleasure of being served by someone else cannot be underestimated!

7) Meditation and Positive Visualisation

Use meditation techniques to relax. Choose a time when you know you won't be disturbed and try to give yourself at least 30 minutes to meditate. There are lots of different techniques you can use, but here's one that I like to use.

Sit upright in a comfortable chair, keeping your feet on the floor (if you lie down you may fall asleep, which isn't the end of the world since you'll be relaxed then, but isn't the point of meditation!). Close your eyes and then inhale and exhale deeply and slowly ten times. Next focus is on your feet. Imagine that there is a warm, yellow strand of light coming up through the ground and into your feet. Slowly feel it trickling into your toes and up through your ankles. Then gradually imagine this stream of golden light filling your legs, your torso, and your arms and finally up to your head until your whole body is relaxed. This process should take at least ten minutes.

Next, visualise yourself somewhere beautiful - it can be any place you feel safe, relaxed, free and happy. For example, imagine yourself by log cabin in the mountains, a sandy beach, a waterfall or watching the sunset over the sea. Let the feelings of warmth, peacefulness and calm wash over you. Stay in the moment and try not to let any worries come to this place. If you do start to feel anxious, try to gather all your concerns up, imagine that you are putting them into a rucksack and toss them into the sea/lake/hills.

When you feel ready, open your eyes slowly and try to keep that feeling of calm with you for the rest of the day.

8) Do Nothing

It sounds so simple and yet is so hard! Doing nothing is nothing to feel guilty about - it is a good response to these busy and stressful times many of us live in. Try lying on your back and put your feet up against a wall - then just breathe in and out slowly.

9) Treat Yourself

Visit a spa, buy special pampering beauty products, treat yourself to some new jewellery or a haircut... You may feel as big as a whale and that's all the more reason you deserve some TLC. Even if your treat is as simple as having a home facial, you'll still feel better for it.

10) Take a Break

Go on weekend breaks, even if they are just to see friends living a few hours away, and make sure you take a holiday. You don't know when you'll next get the chance to get away will be, so make the most of your time with just you and your partner. If you have children, try to ship them off to your parents or the in-laws, if only for one night, and escape to a country hotel or a B&B. Plus, pace yourself with the occasional day off from work.

Compiled by CHA

CCF-SRI LANKA

CCF is nonsectarian international child development organisation which works in thirtythree countries, assisting 10.5 million children and family members regardless of race, creed, gender or national origin.

CCF's activities in Sri Lanka began in 1985. Since the outset, CCF-Sri Lanka has worked for the well-being of children by supporting locally led initiatives that strengthen families and communities, helping them overcome poverty and protecting the rights of their children. CCF programmes are comprehensive incorporating health, education, nutrition and livelihood interventions that sustain, protect, nurture and develop children.

In addition to programmes in health, nutrition, education, and water and sanitation, CCF-Sri Lanka is empowering communities and strengthening civil society with special programmes in early childhood development, housing improvement, communitybased rehabilitation for the disabled and cultural development.

CCF-SRI LANKA HEALTH ACTIVITIES

CHILD FRIENDLY WATER, SANITATION AND HYGIENE EDUCATION, AMPARA

In 2006, CCF-Sri Lanka expanded its health activities in the Ampara District under the UNICEF funded Child Friendly Water, Sanitation and Hygiene Education project, serving children and youth in twelve schools in the three divisions of Akkaraipattu, Samanthurai and Kalmunai.

At present a total of 10,843 students (5,140 girls and 5,730 boys) and approximately 468 teachers are participating in the project. A main objective of the programme is to involve students, parents and teachers in participatory hygiene education in the schools. A wide range of methods are used to involve the participants in this activity: drawings, walk around observations by children and parents, photo documentation of the sanitary conditions of their schools by the children (CCF supplies disposable cameras), small group discussions and more.

Through the implementation of the project a total of 10,843 primary school students (1,917 girls and 2,381 boys under 10 years) will gain access to child friendly water and sanitation facilities at school and will improve their hygiene practices. 468 primary school teachers (266 females and 202 males) will also have access to sanitary facilities and will be able to use active learning methodologies for developing hygienic behaviour among their students.



HEALTH CHALLENGES IN AMPARA DISTRICT

Only a small proportion of primary schools in Ampara District have a satisfactory water supply and adequate sanitary installations. Those sanitary facilities that do exist are often dilapidated, are not separated according to gender and age and do not ensure privacy. The deficient school environment damages the health and nutritional status of school children. Poor health and malnutrition are important underlying factors for low school enrolment, absenteeism, poor classroom performance, and early school dropout.

Good health and nutrition are not only essential inputs but also important outcomes of basic education of good quality. First, children must be healthy and well-nourished in order to fully participate in education and reap its maximum benefits. Second, education of good quality can lead to better health and nutrition outcomes for children, especially girls, and thus for the next generation of children as well.

Ensuring that children are healthy and able to learn is an essential component of an effective education system. This is especially relevant to efforts to achieve education for all in the most deprived areas. Increased enrolment and reduced absenteeism and drop-out rates bring more of the poorest and most disadvantaged children to school, many of whom are girls. It is these children who are often the least healthy and most malnourished and who have the most to gain educationally from improved health. Children must be important participants in all aspects of school water and sanitation and health projects, and not simply the beneficiaries. Children who participate in efforts to create a safer and more sanitary environment learn about health by doing. This is an effective way to help young people acquire knowledge, attitudes, values and skills needed to adopt healthy lifestyles.

The CCF project aims at ensuring longterm sustainability by combining education, the promotion of suitable hygienic practices and improvements in school water and sanitation infrastructures, all with the participation of the educational community (students, parents and teachers). The project will focus on activities that guarantee safe water and appropriate water management practices, as well as providing the right conditions for the adequate disposal of excrement, garbage and dirty water. This will be complemented with teachinglearning processes that generate sanitary habits and practices.

SCHOOL SANITATION AND HYGIENE EDUCATION IN BATTICALOA

Based on the existing cooperation with UNICEF, CCF has presently expanded its school based sanitation and hygiene education activities to the Batticaloa District. It is envisioned that a total of 7,000 students (3,250 girls and 3,750 boys) and approximately 140 teachers will participate in the project. In close collaboration with the Zonal Director for Education, seventy schools in the target district will promote the formation of good hygienic habits.

The aim of this programme is to promote safe hygiene practices among teachers and students, and through them, amongst the communities using a Life Skills Education and Child-to-Child method. School Sanitation and Hygiene Education promotes children's right to a healthy and clean environment. It also influences a change in health promotion behaviour and attitudes for a new generation. It is now known that a child's environment, especially the availability of safe drinking water and sanitation, together with good hygiene practices, can influence learning just as much as the quality of teaching. School sanitation and hygiene education focuses on the development of life skills, a healthy and safe school environment, and outreach to families and communities.

The school health promotion is an investment in our future. After the family, schools are the most important learning settings for children and are central to life in the society and community. Through schools, children can develop as learners, teachers, development agents and responsible adults. Children are future parents and what they learn is likely to be applied in the rest of their lives. If children are brought into the development process as active participants, they can become change agents within their families and a stimulus to community development.

If successful, this project will demonstrate that schoolchildren can spread important health messages and practices from school to home and are potential agents of change within their homes and communities.

Upcoming Meetings

Meeting	Date/Time	Venue	For more information contact:
CHA Operational Meeting	15th, 22nd & 29th of Sept: 05th, 13th, 27th, Oct: at 8.15 am - 9.30	LKIR-(Lakshman Kadirgamar inst: of International Relations) No. 24, Horton Place, Col: 07.	Mr. Ravi Thambra, cprplase@cha.lk, 4610943/4 ext: 159
CHA Admin/Finance Meeting			Mr. Ravi Thambra, cprplase@cha.lk, 4610943/4 ext: 159
Disaster Relief Monitoring Unit Meetings	Fortnightly 27th Sept: 11th, 25th Oct: 8th, 22nd, Nov:	CHA No. 86, Rosmead Place, Col: 07.	Chathurika, advocacyasst@cha.lk, 4610943/4 ext: 128
General Psychosocial Forum Meeting	27th Oct:	CHA No. 86, Rosmead Place, Col: 07.	Ms. Chrishara Paranawithana, 4610943/4 ext: 106
PSF Working Group Meetings	Dates to be Confirmed Contact PS Co-ordinator	CHA No. 86, Rosmead Place, Col: 07.	Ms. Chrishara Paranawithana, 4610943/4 ext: 106

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